rectum and lower extremities, with loss of sensation, appeared. Later still paralysis of the right arm. After four months she died. There was a fresh internal hemorrhagic pachymeningitis. Microscopically numerous areas of degeneration in various stages were found throughout the brain and cord, which are described in detail. A secondary gliosis was present which was characterized by the presence of large cells with oval nuclei. Bancke believes that the case was one of dementia præcox in which infection was produced by the bedsore. T. H. WEISENBURG (Philadelphia).

MONATSSCHRIFT F. PSYCHIATRIE UND NEUROLOGIE

(1903, April.)

1. A Case of Isolated Agraphia. C. WERNICKE.
2. Hyperesthesia of the Nails (Onychalgia nervosa). H. OPPENHEIM.
3. Epileptic Mania with Remarks upon the Loss of Ideas. H. HEILBRONNER.
4. The Origin and Course of the Oculo-Motor Nerve in the Mid-Brain. N. MAJANO.

1. *Isolated Agraphia.*—A woman forty-six years of age noticed a gradually increasing weakness of the right hand which suddenly increased to paralysis of the right arm and leg with contractures. Eight days later there were twisting of the mouth, and complete loss of speech, although the patient appeared to understand what was said to her. Gradually speech improved and then grew gradually worse and remained stationary. At this time there was paralysis with spasticity of the arm and leg, anarthria, good repetition, and some spontaneous speech. She understood words fairly well, but there was complete agraphia. Memory was defective and the patient remained in this condition during all the period of observation. Therefore the predominant symptom and the only complete one is the isolated agraphia. Only a few similar cases are reported in the literature. The characteristic of all these cases is that the lesion is on the left side. Nevertheless, Wernicke does not share the opinion of Dejerine that there is a unilateral optic word center, at least he does not believe that the existence of such a center is proved by these cases.

2. *Hyperesthesia of the Nails.*—Oppenheim reports three cases characterized by extraordinary sensibility of the finger-nails so that even slight mechanical injuries caused intense pain. Even trimming the nails caused pain. In all cases there was congenital neurasthenia. There are a few references to this condition in the literature, although it does not appear to have been recognized as a particular form of hyperesthesia.

3. *Epileptic Mania.*—Heilbronner continues his article with a discussion of his cases. He calls attention to the undoubted false perception that sometimes occurs in epileptics, and then commences to discuss the flow of ideas. He does not believe that there is any necessary relation between these and the readiness of speech, in fact in many cases speech may be distinctly inhibited although the patients complain of a continual series of thoughts passing through their heads; that is to say, there may be a flow of ideas without any motor excitement. It does not appear that the flow of ideas is the result merely of an increased psychological motor irritation, not even in mania. In this condition there is motor excitement, but the flow of ideas is independent of it. It is always important to compare the inclination to speech with the psychical representations that the patient has prepared. It must be admitted, however, that the whole subject is in a very unsatisfactory state.

4. *Oculomotor Nerve.*—Majano continues his article with a careful study of the literature of the origin and course of the oculomotor nerve.

He concludes partially as a result of these studies, and chiefly from his own experience, that the sublongitudinal or predorsal fasciculus has its origin in the anterior nucleus of the anterior corpora quadrigemina; that the ventral portion of Meynert's ligament arises from the dorsal median region of the copora quadrigemina; that the sublongitudinal fasciculus passes obliquely forward and downward toward the median line, enters the capsule of the red nucleus, and some of the fibers then pass down to the root fibers of the oculomotor, but the main portion decussates and unites with the root fibers of the oculomotor of the opposite side. The mechanism of the pupillary reflex then would consist of the following three parts: the peripheral sensory neurone arising from the bipolar cells of the retina and forming the pupillary fibers of the optic nerve which pass to the dendrites of the ganglion cells of the lateral portion of the anterior corpora quadrigemina. Second, the central neurone which consists of the ganglion cells of the lateral portion of the anterior corpora quadrigemina, and the direct or crossed fibers of the predorsal fasciculus which unite with the root fibers of the oculomotor nerve, and with the collaterals of the axiscylinder and sympathetic cells of the ciliary ganglion of the same or the opposite side; third, the peripheral motor neurone, which consists of the cells of the ciliary ganglion and the fibers arising from them which innervate the sphincter of the iris. The pupillary reflex is, therefore, primarily dependent upon the anterior corpora quadrigemina of the opposite side. The direct pupillary reaction is stronger than the indirect on account of the double decussation of the neurones concerned in it. The unilateral reflex paralysis is more pronounced on one side, occurring when the neurones between the anterior corpora quadrigemina and the ciliary ganglion are degenerated. If the ciliary ganglion and the ciliary nerves are destroyed then total paralysis occurs. The consensual reaction is not destroyed by longitudinal section of the chiasm. J. SAILER (Philadelphia).

DEUTSCHE ZEITSCHRIFT FUR NERVENHEILKUNDE

(Band 22, Heft 3-4.)

12. Skin Reflexes and Their Nerve Tracts. MUNCH-PETERSEN.
13. Contribution to the Knowledge of Tumors of the Spinal Cord. MEYER.
14. Multiple Sclerosis Developing into a Picture of Transverse Myelitis. FLATAU and KOELICHEN.
15. Acute Cerebral and Cerebrospinal Ataxia. LÜTHJE.
16. Contribution to the Diagnosis of Tumors in the Frontal Lobe. AUERBACH.
17. A Case of Relapsing Bilateral Ptosis, with Myasthenic Manifestations in the Upper Extremities. BYCHOWSKY.
18. Cystic Meningitis in Racemose Cysts of the Central Nervous System. ROSENBLATH.

12. *Skin Reflexes and Nerve Tracts.*—Munch-Petersen contributes a valuable article upon the reflexes of the skin, first discussing the history of some of the more important reflexes, and then defining them as involuntary movements which are produced by irritation of the skin, he then speaks of the atypical form which can be obtained in almost any part of the body, and then mentions the so-called typical forms which include the plantar, cremaster and abdominal reflexes. The degree of irritation required indicates inversely the activity of the reflex. There seems to be some relation between the skin reflexes and the tickling reflexes. He believes the plantar reflex has a single reflex center; discusses most thoroughly the Babinski phenomenon, calls attention to the fact that there is dorsal flexion of the toes during walking in persons who possess it; and discusses some